	DESIL	VAILADE	CO										
نمسى			Application or Docket Number										
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09694291													
. CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)									SMALL ENTITY TYPE . OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			39				1	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		MUSURER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
			70		. 19					1		34 2	
TOTAL CHARGEABLE CLAIMS) Hulus 22		- 11			X\$ 9=	ļ	OR	X\$18=	4	
INDEPENDENT CLAIMS			d minus 3 =		5			X40 =		OR	X8O≕	400	
MULTIPLE DEPENDENT CLAIM PRESENT								+135m		OR	+270m		
* If the difference in column 1 is less than zero, enter "O" in column 2										OR	TOTAL	1452	
CLAIMS AS AMENDED - PART II , OTHER TH										THAN			
10-505 (Cotumn 1) (Cotumn 2) (Cotumn 3)									ENTITY	OR	SMALL		
A		CLAIMS REMAINING		HIGH	BER	PRESENT	٠.	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
5		AFTER AMENDMENT		PREVI		EXTRA		MIE	FEE			FEE	
AMENDMENT A	Total	.39	Minus	(5)	9		ı	X\$ 9=		OR	X\$18=		
	Inebneqobrit	. 8	Minus		ð	- \		X40=		OR	X80=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										270-		
	+135= OR +270=												
								ADDIT. FEE		OR	ADDIT. FEE		
- 1	10-31-0 (Cotumn 1) (Cotumn 2) (Cotumn 3) CLAMS HIGHEST												
8		CLAUAS REMAINING		NUA	IBER IBER IOUSLY I FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Ę		AFTER AMENOMENT				EXTRA				ľ		FEE	
MENDMENT B	Total	. 39	Minus	:	39			X\$ 9=		OR	X\$18=		
	Independent	. 8	Minus	***	8	B		X40=		OR	·X80=		
똔	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1	070		
								+135=		OR.	.+270=		
			*					TOTAL ADDIT, FEE	L	OR	ADOIT. FEE	L	
		(Column 1)		(Coh	mn 2)	(Column 3)	•			_			
U		CLAIMS REMAINING		NUI	HEST ABER	PRESENT		CATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
E		AFTER AMENDMENT			OUSLY FOR	EXTRA		RATE	FEE		TAIL	FEE	
AMENDMENT C	Total	•	Minus	••		-		X\$ 9=		OR	X\$18=		
闦	Independent		Minus			2		X40=		OR	X80=	٠	
M	FIRST PRES	ENTATION OF M	ILTIPLE DE	PENDEN	IT CLAIM]	 	 	ا ^س		 	
+135= OR +270=													
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3." ADDIT, FEE TOTAL ADDIT, FEE ADDIT, FEE Total In the Teighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											L		
"		umber Previously I mber Previously Pr								ax ên ca	otumn 1.		
1													

FORM PTO-675 (Rev. 800)